

**APPLICATION DATA SHEET**

**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Number of CD Disks:: 0

Number of Copies of CDs:: 0

Sequence Submission?:: No

Computer Readable Form (CRF)?:: No

Number of Copies of CRF:: 0

Title:: ETCH STOP LAYER SYSTEM

Attorney Docket Number:: ASC-022CPCN

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 15

Small Entity?:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Kenneth

Middle Name:: C.

Family Name:: Wu

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 2095 California Street, #312  
City of Mailing Address:: San Francisco  
State or Province of Mailing Address:: CA  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 94109

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Eugene  
Middle Name:: A.  
Family Name:: Fitzgerald  
Name Suffix::  
City of Residence:: Windham  
State or Province of Residence:: NH  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 7 Camelot Road  
City of Mailing Address:: Windham  
State or Province of Mailing Address:: NH  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 03087

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canadian  
Status:: Full Capacity  
Given Name:: Gianni  
Middle Name::  
Family Name:: Taraschi  
Name Suffix::  
City of Residence:: Andover  
State or Province of Residence:: MA

Country of Residence:: U.S.A.  
Street of Mailing Address:: 75 School Street, Apt. 2  
City of Mailing Address:: Andover  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 01810

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: U.S.A.  
Status:: Full Capacity  
Given Name:: Jeffrey  
Middle Name:: T.  
Family Name:: Borenstein  
Name Suffix::  
City of Residence:: Holliston  
State or Province of Residence:: MA  
Country of Residence:: U.S.A.  
Street of Mailing Address:: 936 Highland Street  
City of Mailing Address:: Holliston  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: U.S.A.  
Postal or Zip Code of Mailing Address:: 01746

#### **Correspondence Information**

Correspondence Customer Number:: 021323

#### **Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/599,260	June 22, 2000
09/599,260	Continuation-in-Part of	09/289,514	April 9, 1999
09/289,514	Non-Provisional of	60/081,301	April 10, 1998

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

**Assignee Information**

Assignee Name:: Massachusetts Institute of Technology

City of Mailing Address:: Cambridge

State or Province of Mailing Address:: MA

Country of Mailing Address::